

SEXUAL ASSAULT NURSE EXAMINER APPLICATION FOR CREDENTIAL

Office Use Only

APPLICATION FEE OF \$120 IS NON-REFUNDABLE

Please type or print clearly using capital letters and black ink.

Section 1: Biographical Data

Last Name:	<input type="text"/>																									
First Name:	<input type="text"/>										Middle:	<input type="text"/>														
Maiden:	<input type="text"/>																									
Address 1:	<input type="text"/>																									
Address 2:	<input type="text"/>																									
City:	<input type="text"/>														State:	<input type="text"/>		Zip:	<input type="text"/>							
County:	<input type="text"/>														Home Phone:	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>				
Social Security #:	<input type="text"/>			-	<input type="text"/>		-	<input type="text"/>			Date of Birth:	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>								

Section 2: Method of Application

Initial SANE Credential: ☐ Reinstatement of a SANE Credential: ☐ **\$120 fee must be included.**

Section 3: Kentucky Registered Nurse Licensure Information

You must hold a current, active KY RN license before a SANE credential may be issued.

KY RN License #:

Do you hold a current and active Kentucky RN license? Yes ☐ No ☐

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 4: SANE Educational Program Information

Please answer the following questions about the SANE program you attended.

Name:

City:

State:

Month & Year Enrolled: -

Month & Year Completed: -

Did the program include a component of supervised clinical practice? Yes ☐ No ☐

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PON Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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You must include 1) proof of completion of a KBN approved training program and 2) proof of completion of the required didactic instruction and clinical practice. If the course you attended was not located in Kentucky, you must also show proof of having completed continuing education hours specific to Kentucky legal, forensic, and rape crisis issues. (Contact KBN for specific information.)

Section 5: Current Employment Information

Please list name and address of your current employer.

Name:

City: State: Zip:

Your Current Position Title:

Section 6: Disciplinary History

Has your nursing license ever been limited, subject to any disciplinary action or is such action pending? If yes, include a letter of detailed explanation.

Yes ☐ No ☐

Section 7: Reinstatement of a SANE Credential

Complete this section ONLY if you are reinstating a previously issued Kentucky SANE credential.

Date Your Kentucky SANE Credential Lapsed (Month & Year): - SANE Credential #:

1. Your Kentucky RN license must be current and active BEFORE your SANE credential can be reinstated.
2. If your SANE credential has lapsed for more than two consecutive licensure periods, you must complete a SANE educational program prior to reinstatement.
3. You must show proof of earning the continuing education requirement for the number of licensure periods since your SANE credential lapsed.

Section 8: Notary - All Applications Must Be Notarized

I certify that I am the person referred to in the foregoing application for a Sexual Assault Nurse Examiner credential in the Commonwealth of Kentucky; that all statements contained herein and on all attachments are true and correct in every respect; that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action.

Signature of Applicant

Subscribed and sworn to before me by

on this date:

- -

Signature of Notary Public

State of

My Commission Expires

- -

Make check or money order payable to:
Kentucky Board of Nursing

**\$120 FEE IS NOT REFUNDABLE
AND IS SUBJECT TO CHANGE**

SEAL

If all requirements for licensure are not met within the time period required by regulation, a new application must be submitted with the required fee.